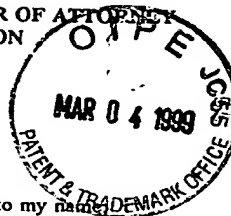


**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 1)



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OPTICAL-ELEMENT HOLDING MECHANISM, IMAGE-SHAKE

CORRECTING DEVICE AND OPTICAL APPARATUS

the specification of which ☐ is attached hereto ☒ was filed on January 25, 1999 as United States Application No. or PCT International Application No. 09/236,339 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

Country	Application No.	Filed (Day/Mo./Yr.)	(Yes/No) Priority Claimed
Japan	Hei 10-017138	29/1/1998	Yes
Japan	Hei 10-017139	29/1/1998	Yes

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Seiichi Kashiwaba

Inventor's signature Seiichi Kashiwaba

Date February 18, 1999 Citizen/Subject of Japan

Residence 1-14-9-104, Ukima, Kita-ku, Tokyo, Japan

Post Office Address c/o CANON KABUSHIKI KAISHA

30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Second Joint Inventor, if any Koichi Washisu

Second Inventor's signature Koichi Washisu

Date February 22, 1999 Citizen/Subject of Japan

Residence 2-10-37, Ohmiya, Suginami-ku, Tokyo, Japan

Post Office Address c/o CANON KABUSHIKI KAISHA

30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

CONTINUED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
(Page 2)

Full Name of Third Joint Inventor, if any Shigeki Sato

Third Inventor's signature Shigeki Sato

Date February 18, 1999

Citizen/Subject of Japan

Residence 2-42-23-1121, Tennocho, Hodogaya-ku, Yokohama-shi, Kanagawa-ken,
Japan

Post Office Address c/o CANON KABUSHIKI KAISHA

30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fourth Joint Inventor, if any _____

Fourth Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Fifth Joint Inventor, if any _____

Fifth Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Sixth Joint Inventor, if any _____

Sixth Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Seventh Joint Inventor, if any _____

Seventh Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Eighth Joint Inventor, if any _____

Eighth Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____